

NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS
5 January 2004

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 26 JANUARY 2004. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22M
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22M"

A. NOTICE. This position is set aside for individuals who practice as licensed Clinical Social Workers only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. Clinical Social Worker - The Government is seeking to place under contract an individual who a) holds a current, unrestricted license to practice as a Clinical Social Worker in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, and b) possesses a Doctoral or Master's Degree in Social Work from an accredited school of Social Work. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award. (See Sections D and E).

Services shall be provided at the Naval Hospital, Okinawa or in nearby schools, medical treatment facilities, and homes to conduct evaluations and provide treatment as indicated.

You shall be on duty in the assigned clinical area 80 hours per two-week period. Services shall be required for an 8.5 or 9-hour period (to include an uncompensated .5 hour of 1 hour for lunch, depending on shift length) as scheduled, usually between the hours of 0700 and 1700, Monday through Friday. At the mutual agreement of the health care worker and the Government, alternative schedules may be implemented, such as a compressed work schedule. Generally, you shall not be required to provide services in excess of 80 hours per two-week period. Specific hours and days shall be coordinated between the health care worker and the Government. The healthcare worker shall arrive for each scheduled shift in a well-rested condition.

Overtime. Occasionally, overtime may be required. Overtime may or may not be scheduled in advance, depending on workload fluctuations. You shall be compensated with an equal amount of compensatory time off.

Transportation. You are required to possess a valid driver's license and shall provide your own transportation when a government vehicle is unavailable. When using a personal vehicle for work, you shall be compensated for mileage at the prevailing rate. You shall not transport the patient or the patient's family in your personal or government vehicle without prior approval from the department head.

You shall accrue eight hours of personal leave per 80 hour period worked. Personal leave shall be used for absences due to both sickness and planned vacations. Your services shall be required on no more than 5 of the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. Should you be required to work a federal holiday, you will receive another day off as scheduled by the Commanding Officer. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital, Okinawa, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. **DUTIES AND RESPONSIBILITIES.** You shall perform a full range of diagnostic examinations, development of comprehensive treatment/diagnostic plans (when indicated) and the delivery of records and reports required to document procedures performed and care provided utilizing the Health Maintenance Strategies International Manual (HMSI) standards. The health care worker must also provide emergency consultation and treatment as required, during contracted hours, within the scope of your licensure and the clinical privileges approved by the Commanding officer. These services will be provided on site, using Government furnished facilities, equipment and supplies. Your actual clinical activity will be a function of the Commanding Officer's credentialing/privileging process and the overall demand for services.

Services provided under this contract comply with the American Psychological Association's Ethical Principles for Psychologists; National Association for Social Workers (NASWs') Standards for Clinical Social Work; Standards of the Joint Commission on Accreditation of Healthcare Organizations; and other applicable credentialing and accreditation agencies and applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to: (a) Licensure and/or regulation of healthcare personnel in treatment facilities, and (b) the regulations and standards of professional practice of the treatment facility, and (c) the bylaws of the treatment facility's professional staff.

1. Administrative and Training Requirements

1.1. Provide training and /or direction to supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol. Participate in clinical staff quality assurance functions at the prerogative of the Commanding Officer.

1.2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

1.3. Advise the Child Mental Health Department Head on matters related to Clinical Social Work issues.

1.4. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to services provided.

1.5. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.

1.6. Participate in the implementation of the Hospital's Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

1.8. Serve as a DoDDS/EDIS liaison, as directed.

1.9. Provide training, conduct workshops and/or lectures for school personnel, other community groups, and hospital personnel as directed.

1.10. You are required to maintain Basic Life Support Level C re-certification during the term of the contract. This re-certification will be provided by the Navy.

1.11. Perform necessary administrative duties that include maintaining clinical records and records in the SNPMIS database, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commanding Officer.

1.12. Prepares and maintains statistical records and reports as required.

1.13. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.14. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. STANDARD DUTIES. You shall perform a full range of Clinical Social Worker services on site, using Government furnished facilities, equipment and supplies. Workload includes scheduled and unscheduled requirements for services. Outpatient work units are defined as any initial patient visit and any subsequent follow-up visits deemed appropriate/necessary by the health care worker. Primary workload is a result of appointments scheduled through the Specialty Clinic. Secondary workload is the result of evaluation requests submitted to the Specialty Clinic from the MTF medical staff. Outpatient social work workload is scheduled as a result of physician referrals requesting mental health services for active duty military personnel and other eligible beneficiaries, patient self referrals, and school referrals. You are responsible for the delivery of comprehensive Clinical Social Worker services within the facility and for the quality and timeliness of records, reports and documentation of services provided. Your productivity is expected to be comparable to that of other health care workers that are authorized the same scope of practice and assigned to the same type of a facility. Your responsibilities shall include, but are not limited to:

2.1. Perform a psychosocial assessment of the child and family situation, which may include, but is not limited to administration, scoring and interpreting family evaluation and adaptive behavior scales to the individual children and their family members; review of medical, mental health, educational, and other records as are available; conducting interviews with children, adolescents, and family members; and formulating a summary of the impact of the above mentioned areas and providing a DSM-IV diagnosis and a treatment plan.

2.2. Provide individual, group and family therapy services to children from age birth to 21 and their families.

2.3. Provide mental health and case management services, as a direct service provider or as a consultant, as indicated on Individualized Service Family Plans (IFSP). These services should be provided in the home. Assists in determining appropriate goals with consideration of the child's family and current level of functioning.

2.4. Provide mental health and case management services as indicated on Individual Education Plans (IEPs) of children with special needs in the DOD school system. These services should be provided in the schools, in the home or in the community and may involve coordination and consultation with school personnel. In such cases, the incumbent will attend appropriate Case Study Committee (CSC) meetings and provide information regarding the child's current level of functioning, academic impact and severity of psychiatric symptomatology. Notify the appropriate school CSC of anticipation of attainment of goals and the modification or termination of treatment two or more weeks ahead of time. Assist the CSC in determining appropriate educational goals with consideration of the child's current level of functioning.

2.5. Function as an integral member of the Early Intervention Services Team, presenting assessments and reports in team conferences and participating in the diagnosis and treatment planning for the indicated child, as well as providing education and training to the other clinical providers.

2.6. Prepare written reports for medical records of the assessment, diagnosis and (psychosocial) treatment plan. Systematically documents patient contacts and progress in accordance with departmental and USNH command

policy. Make appropriate referrals to other medical and mental health professionals as indicated.

2.7. Collaborate with other disciplines within the USNH Okinawa, the USAF medical clinic, DOD Dependent Schools (DODDS), the commanding officer, and appropriate community agencies (e.g. members of the Okinawa Interagency Coordinating Council). Collect data from all involved agencies, as necessary, to ensure that services are being provided in a coordinated manner and to evaluate the quality of relationships among the special needs child, family, school and involved community agencies.

2.8. Identify families and individuals for enrollment in the Exceptional Family Member Program (EFMP) of their respective service

2.9. Other duties as assigned by supervisor, which may pertain to overall department functioning and team processes.

2.10. Obtain approval by the Department Head and other higher authority as determined by law and regulation.

2.11. Become familiar with, and demonstrate awareness of the Bylaws of the Medical Staff and the organizational and operational policies of the MTF, and comply therewith.

2.12. Become familiar with the Department of Defense TRICARE Program and the methodology to function therein.

3. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

3.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

3.2. The regulations and standards of professional practice of the treatment facility, and

3.3. The bylaws of the treatment facility's professional staff.

4. Credentialing and Privileging Requirements.

4.1. As applicable, upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at <http://nmo.med.navy.mil/Files/Media/directives/6320-66d.pdf>

4.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Possess a Doctoral or Master's Degree in Social Work.

2. Possess current, unrestricted license or certification to practice Clinical Social Work in any one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.
3. Possess at least two years postgraduate experience as a licensed clinical social worker.
4. Provide two letters of recommendation from hospital administrators/supervisors, physicians or practicing clinical Psychologists or Social Workers attesting to your skills in such areas as a Licensed Clinical Social Worker . Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.
5. Basic computer capabilities, including communication software (such as e-mail), SNPMIS data organization and report writing.
6. Be fluent in spoken and written English. Familiarity with public speaking and written reporting techniques.
7. Represent an acceptable malpractice risk to the Navy.
8. Submit your experience as demonstrated by your resume.
9. Have U.S. employment eligibility per Attachment III. No alien shall be allowed to perform services under this contract if in violation of the Immigration Laws of the United States.
10. Submit a fair and reasonable price as determined by the Navy prior to contract award.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Quality and quantity of experience as it relates to the duties contained herein.
2. The letters of recommendation required in item (D) (4), above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise as described, etc., then,
3. Prior experience providing clinical social work services in a military medical facility (Form DD214),

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed* " Personal Qualifications Sheet – Clinical Social Worker " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Two or more letters of recommendation per paragraph D.4., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet – Clinical Social Worker " Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate

your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to acquisitions@nmlc.med.navy.mil by fax at (301) 619-6793 or by telephone at (301) 619-3121. **NOTE: Reference "Code 22M" in the subject line of all e-mails sent to the stated address.**

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - CLINICAL SOCIAL WORKER

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VIII. of the Personal Qualifications Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur (a), your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts and/or (b), you may lose your clinical privileges.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	_____	_____
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	_____	_____
3. Has your license or certification to practice ever been revoked or restricted in any state?	_____	_____

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PERSONAL QUALIFICATIONS SHEET - CLINICAL SOCIAL WORKERI. General Information

Name: _____ SSN: _____

Last First Middle

Address: _____

Phone: (____) _____

II. Professional Education:

Doctorate Degree from: _____

(Name of accredited School and location)

Date of Degree: _____ (mm/dd/yy)

Post-specialty/subspecialty training completed at: _____

(Name an location of school where training was obtained)

Date of Completion: _____ (mm/dd/yy) Type of Specialty/Subspecialty: _____

Masters Degree from: _____

(Name of accredited School and location)

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure (License must be current, valid, and unrestricted):

_____ (mm/dd/yy)

State Date of Expiration

IV. Approved Continuing Education, to include residencies:

Title of Course	Course Dates	CE Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Basic Life Support Level C:

Training Type listed on Card: _____

Expiration Date: _____ (mm/dd/yy)

VI. Professional Employment: List your current and preceding employers. Provide dates as month/year.

Name and Address of Present Employer From To

(1) _____

Work performed: _____

Clinical Setting: _____

Names and Addresses of Preceding Employers

	<u>From</u>	<u>To</u>
(2) _____	_____	_____

Work performed: _____

Clinical Setting: _____

	<u>From</u>	<u>To</u>
(3) _____	_____	_____

Work performed: _____

Clinical Setting: _____

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?

When does the contract expire? _____

VII. Experience in clinical type computer systems: Identify any computer systems with which you are familiar.

VIII. Additional Medical Certifications or Licensure:

IX. Professional References:

Provide two letters of recommendation from hospital administrators/supervisors, physicians or practicing clinical Psychologists attesting to your skills in such areas as a psychologist/Licensed Clinical Counselor/Clinical Social Worker . Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.

X. Employment Eligibility:

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	_____	_____

XI. Are you fluent in spoken and written English, public speaking and written reporting techniques?

YES _____ NO _____

XII. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, CME certificates, commendations or documentation of any awards you may have received, prior military experience, etc.

XIII. I hereby certify the above information to be true and accurate:

_____(mm/dd/yy)

 (Signature) (Date)

ATTACHMENT 02

PRICING SHEET PERIOD OF PERFORMANCE

Services are required from 1 March 2004 through 30 September 2004. Five Option periods will be included which will extend services through 28 February 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Clinical Social Workers in the Okinawa, JA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

Line Item	Description	Quantity	Unit	Unit Price	Total Amount
0001	The offeror agrees to perform on behalf of the Government, the duties of one Clinical Social Worker at the Naval Hospital, Okinawa JA in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Mar 04 thru 30 Sep 04	1232	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2080	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2088	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2096	Hour	_____	_____
0001AF	Option Period V; 1 Oct 08 thru 28 Feb 09	856	Hour	_____	_____

TOTAL CONTRACT _____

Printed Name _____

Signature _____ Date _____
 (Signature) (Date)

ATTACHMENT 03**LISTS OF ACCEPTABLE DOCUMENTS****SUBMIT ONE FROM LIST A****LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying

4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document Citizen in the United States
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

possession of the United States bearing an official seal

4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident (INS Form I-179)

7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

ATTACHMENT 4**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html>. If you do not have internet access, please contact (301) 619-2151 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22M
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).